

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_

FILED DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

*BEST AVAILABLE COPY*

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13		1				
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49						
50						
TOTAL IND.	2		1		1	
TOTAL DEP.	12		12		12	
TOTAL CLAIMS	14		12		12	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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100						
TOTAL IND.			1		1	
TOTAL DEP.			12		12	
TOTAL CLAIMS			12		12	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS